

California Integrated Waste Management Board

Waste Tire Hauler Program

Quarterly Manifest Reporting Requirements

For WTFs/Destination Sites

<i>Business Name:</i>			
<i>Business Address:</i>			
<i>County:</i>			<i>Facility Number(if known):</i>
<i>Telephone Number:</i>	()		
<i>Representative's Name:</i>			
<i>Representative's Signature:</i>			

<i>Manifest Number</i>	<i>Date Of Shipment</i>	<i>Hauler ID Number</i>	<i>Quantity Of Waste Tires (enter quantity and check appropriate unit)</i> <small>*additional space is available on the back of this form.</small>	<i>Discrepancies in Shipment (describe)</i>
			<input type="checkbox"/> Whole Tires <input type="checkbox"/> yd ³ <input type="checkbox"/> lbs. <input type="checkbox"/> tons	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Whole Tires <input type="checkbox"/> yd ³ <input type="checkbox"/> lbs. <input type="checkbox"/> tons	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Whole Tires <input type="checkbox"/> yd ³ <input type="checkbox"/> lbs. <input type="checkbox"/> tons	<input type="checkbox"/> Yes <input type="checkbox"/> No
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			<input type="checkbox"/> Whole Tires <input type="checkbox"/> yd ³ <input type="checkbox"/> lbs. <input type="checkbox"/> tons	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have any questions concerning this form, please contact Amalia Fernandez at (916) 341-6422.

Submit the quarterly reporting forms to:

California Integrated Waste Management Board
Waste Tire Hauler Program, MS-22
P.O. Box 4025
Sacramento, CA 95812
or
Fax (916) 319-7605

Waste Tire Hauler Program
Quarterly Manifest Reporting Requirements-WTF/Destination Site
Page 2 of 2

Manifest Number	Date Of Shipment	Hauler ID Number	Quantity Of Waste Tires (enter quantity and check appropriate unit)	Discrepancies in Shipment (describe)
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